

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL 09/147129	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52	/			
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57		/		
8		/					58	/			
9		/					59				
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11		/					61				
12		/					62				
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37		/					87				
38		/					88				
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41		/					91				
42		/					92				
43	/						93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49	/						99				
50		/					100				
TOTAL IND.	15						TOTAL IND.				
TOTAL DEP.	28						TOTAL DEP.				
TOTAL CLAIMS	58						TOTAL CLAIMS				

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